PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application of Docket Number 10624412

CLAIMS AS FILED - PART I								MALLE			OTHER	THAN
			(Column	1)	(Colu	nn 2)	1	YPE 🗅	<u> </u>	OR:	SMALL	ENTITY
TOTAL CLAIMS			2	1.		<u></u>	· [RATE	*+EE		RATE	, FEE",
FOR			NUMBER FILED.		NUMBER EXTRA			BASIC FEE	375.00	ОR	BASIC:FEE	750.00
TOTAL CHARGEABLE CLAIMS.			↑ minus 20= *		*			X\$ 9∍.	9 - 1	ОR	X\$18=	
IND	EPENDENT CL	g minus 3 =					X42=	2LO	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				2.1	+140=		OR	‡280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2 🦂		TOTAL	5.94	OR		
	C	LAIMS AS A	MENDED	D = PART II (Column 2) (Column 3)				SMALL	V	ÓΆ	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUŚLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	-21	/	- ਹ]	X8-9=		QR	X\$1.8=	
	Independent	. 8	Minus	*** >	7	= 0	П	X42=		OR	X84=	
5.	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		J	+140=	4 .	OR	+280=	
·. ·					•		L	TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)		ADDIT FEE'			AUUII, FEE	. ·
AMENDMENT B		REMAINING AFTER AMENDMENT			IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=] [X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM	<u> </u>	J.	+140=		OR	+280=	
					· '**** •	·.		TOTAL ADDIT FEE		OR	TOTAL ADDIT, FEE	1 1 1
,		(Column 1) (Column 2) (Column 2)									ADDIT. PCC	
AMENDMENTC		CLAIMS BEMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	** 38				X\$ 9=		ÓΒ	X\$18=	
	Independent		Minus	AAA		= :	11	X42 -		oR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			ļ.,		 -
	: If the entry in hely	ımn 1 ie loss the- t	ho onto de celu	Imp 2 with	0 "0" in co	lumn 3	1	+140= :		OR	+280=	·
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
	The Halphest Nur	mber Previously Pa	id For" (Total o	r Independ	is less the lent) is the	nio, enter 3. highest numb	er fou	nd in the app	propriate bo	k in co	lumn 1,	